

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 04/01/2012 **and ending** 05/24/2012

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** IOWA FIRST FOUNDATION **Employer identification number** 20 - 1466386

**2 Mailing address (P.O. box or number, street, and room or suite number)**

110 West Main Street

**City or town, state, and ZIP code**

Lake Mills, IA 50450

**3 E-mail address of organization:**

rschwarm@wctatel.net

**4 Date organization was formed:**

08/09/2004

**5a Name of custodian of records**

Rich Schwarm

**5b Custodian's address**

110 West Main Street

Lake Mills, IA 50450

**6a Name of contact person**

Rich Schwarm

**6b Contact person's address**

110 West Main Street

Lake Mills, IA 50450

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**

110 West Main Street

**City or town, state, and ZIP code**

Lake Mills, IA 50450

**8 Type of report (check only one box)**

☐ First quarterly report

(due by April 15)

☐ Second quarterly report

(due by July 15)

☐ Third quarterly report

(due by October 15)

☐ Year-end report

(due by January 31)

☐ Mid-year report (Non-election

year only-due by July 31)

☐ Monthly report for the month of:

(due by the 20th day following the month shown above, except the December report, which is due by January 31)

☒ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election: primary

(2) Date of election: 06/05/2012

(3) For the state of: IA

☐ Post-general election report (due by the 30th day after general election)

(1) Date of election:

(2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 20000**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 4166**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Richard Schwarm

05/25/2012

**Sign  
Here**

Signature of authorized official

Date

**Schedule A    Itemized Contributions**

Schedule A

**Contributor's name, mailing address and ZIP code**

Ameristar Casino Council Bluffs  
2200 River Road  
Council Bluffs, IA 51501

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 10000

**Amount of contribution**

\$ 10000

**Date of contribution**

04/17/2012

**Contributor's name, mailing address and ZIP code**

C. Richard Stark  
641 South Ocean Boulevard  
Boca Raton, FL 33432

**Name of contributor's employer**

Self-employed

**Contributor's occupation**

Banker

**Aggregate contributions year-to-date**

\$ 10000

**Amount of contribution**

\$ 10000

**Date of contribution**

04/06/2012

**Schedule B**   **Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**

Premiere Technologies  
P.O. Box 482  
Jesup, IA 50648

**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 160

**Date of expenditure**

04/16/2012

**Purpose of expenditure**

Web site support.

**Recipient's name, mailing address and ZIP code**

Richard Grant Schwarm  
201 East Main Street  
Lake Mills, IA 50450

**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 2000

**Date of expenditure**

04/19/2012

**Purpose of expenditure**

Programs manager.

**Recipient's name, mailing address and ZIP code**

USPS  
206 North Mill Street  
Lake Mills, IA 50450

**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 6

**Date of expenditure**

05/15/2012

**Purpose of expenditure**

Postage.

**Recipient's name, mailing address and ZIP code**

Richard Grant Schwarm  
201 East Main Street  
Lake Mills, IA 50450

**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 2000

**Date of expenditure**

05/15/2012

**Purpose of expenditure**

Programs manager.